

REC'D. IOWA

FEB 18 1994

OMB#: 2050-0024 Expires 8/31/96

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

IAD073489288

ALLIEDSIGNAL LAMINATE SYSTEMS

JESSE TRENT

PO BOX 370

POSTVILLE, IA 521620370

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
ICIDENTIFICATION AND
CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No.

Same as label ☒ or →

B. County

Allamakee

C. Site/company name

Same as label ☒ or →

D. Has the site name associated with this EPA ID changed since 1991?

☒ 1 Yes☐ 2 No

E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description.

Same as label ☐ or → 665 Lybrand St.

F. City, town, village, etc.

Same as label ☒ or →

G. State

Same as label

I, A

H. Zip Code

Same as label

5, 2, 1, 5, 2, 0, 3, 7, 0

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address?

☐ 1 Yes (SKIP TO SEC. III)☒ 2 No (GO TO BOX B)

R00330195

RCRA RECORDS CENTER

B. Number and street name of mailing address

PO Box 370

C. City, town, village, etc.

Postville

D. State

I, A

E. Zip Code

5, 2, 1, 6, 2, 0, 3, 7, 0

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I.

Trent

Jesse

C

B. Title

EH&S Specialist

C. Telephone

3, 1, 9, 8, 6, 4, 7, 3, 2, 1

Extension

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of imprisonment for knowing violations."

A. Please print: Last Name First name M.I.

Gilbert

Jim

W

B. Title

Plant Manager

C. Signature

James W. Gilbert

D. Date of signature

0, 2, 1, 5, 9, 1, 4

MO.

DAY

YR.

Sec.V - Generator Status

EPA ID NO. I, A, D, 0, 7, 3, 4, 8, 9, 2, 8, 8

A. 1993 RCRA generator status

Instruction page 10.

(CHECK ONE BOX BELOW)

- ☒ 1 LOG
☐ 2 SQG
☐ 3 CESQG
☐ 4 Non generator (Continue to Box B)
- SKIP to SEC. VI

B. Reason for not generating

Page 12.

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec.VI - On-Site Waste Management Status

A. Storage subject to RCRA permitting requirements Page 13.

1

B. Treatment, disposal, or recycling subject to RCRA permitting requirements Page 13.

1

C. RCRA-exempt treatment, disposal, or recycling Page 13.

3

Sec.VII - Waste Minimization Activity during 1992 or 1993

A. Did this site begin or expand a source reduction activity during 1992 or 1993? Page 14.

- ☐ 1 Yes
☒ 2 No

B. Did this site begin or expand a recycling activity during 1992 or 1993? Page 15.

- ☐ 1 Yes
☒ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1992 or 1993? Page 15.

- ☒ 1 Yes
☐ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1992 or 1993? Page 15
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | |
|---------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | e. Technical limitations of the production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW) |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1992 or 1993? Page 15.
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | | Yes | No | |
|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW) |

Comments:

BEI IADO73489288
 ALLIEDSIGNAL LAMINATE SYSTEMS
 SITE JESSE TRENT
 PO BOX-370
 EPI POSTVILLE, IA 521620370



U.S. ENVIRONMENTAL
 PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
 GM

WASTE GENERATION
 AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 18 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. Still bottoms from solvent recovery batch distillation unit containing small amounts of acetone, toluene & other various solvents.

B. EPA hazardous waste code Page 19.

F 0 0 3 F 0 0 5

D 0 0 1 N A N A

C. State hazardous waste code Page 19.

O. SIC code Page 19.

3 1 0 8 1 3

E. Origin code Page 19

System
 Type L M

F. Source code Page 20.

A 1 7 1 3

G. Point of measurement
 Page 20.

1

H. Form code
 Page 20.

B 6 1 0 2

I. RCRA - radioactive mixed Page 20.

12

Sec. II

A. Quantity generated in 1992
 Instruction Page 21.

3 8 1 9 0 7 0

B. Quantity generated in 1993
 Page 21.

4 1 8 1 6 1 0 0

C. UOM
 Page 21.

1

Density

1 lbs/gal 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/PDTW? Page 21.

1 Yes (CONTINUE TO SYSTEM 1)

2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
 Page 22.

L M

Quantity treated, disposed, or recycled
 on site in 1993

1 1 1 1 1 1 1 1 1 1

ON-SITE PROCESS SYSTEM 2

On-site process system type
 Page 22.

L M

Quantity treated, disposed, or recycled on site
 in 1993

1 1 1 1 1 1 1 1 1 1

Sec. III

A. Was any of this waste shipped off-site in 1993
 Instruction page 23.

1 Yes (CONTINUE TO BOX B)
 2 No (SKIP TO SEC IV)

Site 1

B. EPA IO No. of facility waste was shipped to
 Page 23.

1 1 9 8 0 6 1 3 9 1 3

C. System type shipped to
 Page 23.

L M 0 6 1

D. Off-site
 availability code
 Page 23.

1

E. Total quantity shipped in 1993
 Page 23.

4 1 8 1 6 0 0

Site 2

B. EPA IO No. of facility waste was shipped to
 Page 23.

1 1 1 1 1 1 1 1 1 1

C. System type shipped to
 Page 23.

L M

D. Off-site
 availability code
 Page 23.

1

E. Total quantity shipped in 1993
 Page 23.

1 1 1 1 1 1 1 1 1 1

Sec. IV

A. Did new activities in 1993 result in minimization of this waste? 1 Yes (CONTINUE TO SYSTEM 1)
 Instruction page 24. 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

L W L W
 L W L W

C. Other effects Page 24.

1 Yes
 2 No

O. Quantity recycled in 1993 due to new activities
 Page 25.

1 1 1 1 1 1 1 1 1 1

E. Activity/production
 index Page 25.

1 1 1 1 1 1 1 1 1 1

F. 1993 source reduction quantity Page 26.

1 1 1 1 1 1 1 1 1 1

Comments:

BEI USE GUIDANCE FROM THE 1993 HAZARDOUS WASTE REPORT BOOKLET
 IADO 73489288
 ALLIEDSIGNAL LAMINATE SYSTEMS
 SIT: JESSE TRENT
 PO BOX 370
 EPI TO NO:
 POSTVILLE, IA 521620370



U.S. ENVIRONMENTAL
 PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
 GM

WASTE GENERATION
 AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

| | | | | | |
|---|---|---|---------------------------------------|----------------------------------|---|
| Sec. I | | A. Waste description - Instruction page 18. Ignitable solvent used for parts washer, contains petroleum naptha. | | | |
| B. EPA hazardous waste code Page 19. D 0 3 9 D 0 1 8 | | C. State hazardous waste code Page 19. | | | |
| D. SIC code Page 19. 3 0 8 3 | E. Origin code Page 19 System Type L M | F. Source code Page 20. A 0 1 9 | G. Point of measurement Page 20. 1 | H. Form code Page 20. B 2 0 3 | I. RCRA - radioactive mixed Page 20. 2 |

| | | | | | | |
|--|--|--|--|--|---|--|
| Sec. II | | A. Quantity generated in 1992 Instruction Page 21. 4 3 0 . 0 | B. Quantity generated in 1993 Page 21. 4 0 8 . 7 | C. UOM Page 21. 1 | Density □ 1 lbs/gal □ 2 sg □ 1 lbs/gal □ 2 sg | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. □ 1 Yes (CONTINUE TO SYSTEM 1) X 2 No (SKIP TO SEC. III) |
| ON-SITE PROCESS SYSTEM 1 | | ON-SITE PROCESS SYSTEM 2 | | ON-SITE PROCESS SYSTEM 2 | | |
| On-site process system type Page 22. M | | Quantity treated, disposed, or recycled on site in 1993 | | On-site process system type Page 22. M | | Quantity treated, disposed, or recycled on site in 1993 |

| | | | | | |
|----------|---|--|--|--|--|
| Sec. III | | A. Was any of this waste shipped off-site in 1993 Instruction page 23. X 1 Yes (CONTINUE TO BOX B) □ 2 No (SKIP TO SEC IV) | | | |
| Site 1 | B. EPA IO No. of facility waste was shipped to Page 23. W I D 9 8 0 8 9 6 6 4 1 | C. System type shipped to Page 23. M 0 2 9 | D. Off-site availability code Page 23. 1 | E. Total quantity shipped in 1993 Page 23. 4 0 8 . 7 | |
| Site 2 | B. EPA IO No. of facility waste was shipped to Page 23. | C. System type shipped to Page 23. M | D. Off-site availability code Page 23. | E. Total quantity shipped in 1993 Page 23. | |

| | | | | | |
|---------------------------------|--|--|---------------------------------------|--|--|
| Sec. IV | | A. Did new activities in 1993 result in minimization of this waste? □ 1 Yes (CONTINUE TO SYSTEM 1) X 2 No (THIS FORM IS COMPLETE) | | | |
| B. Activity Page 24. L W L W | C. Other effects Page 24. □ 1 Yes □ 2 No | D. Quantity recycled in 1993 due to new activities Page 25. | E. Activity/production index Page 25. | F. 1993 source reduction quantity Page 28. | |

Comments:

BE IADO 73489288
 ALLIEDSIGNAL LAMINATE SYSTEMS
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WASTE GENERATION
 AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 18 of the 1993 Hazardous Waste Report booklet before completing this form.

| | | | | | | |
|--|--|---|--|--|--|--|
| Sec. I A. Waste description - Instruction page 18. Spent Ferric Chloride solution from acid etcher used for product testing. Solution is corrosive. | | | | | | |
| B. EPA hazardous waste code Page 19. D 0 0 2 D 0 0 7 NA NA NA | | | | C. State hazardous waste code Page 19. _____ | | |
| O. SIC code Page 19. 3 0 8 3 | E. Origin code <u>1</u> Page 19 System Type LM | F. Source code Page 20. A 2 7 | G. Point of measurement Page 20. 1 | H. Form code Page 20. B 1 0 3 | I. RCRA - radioactive mixed Page 20. 2 | |

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| Sec. II A. Quantity generated in 1992 Instruction Page 21. 6 7 5 0 . 0 | | B. Quantity generated in 1993 Page 21. 7 2 0 0 . 0 | | C. UOM Density Page 21. 1 _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) | |
| ON-SITE PROCESS SYSTEM 1 | | | | ON-SITE PROCESS SYSTEM 2 | | | |
| On-site process system type Page 22. LM | | Quantity treated, disposed, or recycled on site in 1993 _____ | | On-site process system type Page 22. LM | | Quantity treated, disposed, or recycled on site in 1993 _____ | |

| | | | | |
|--|---|---|--|--|
| Sec. III A. Was any of this waste shipped off-site in 1993 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 23. <input type="checkbox"/> 2 No (SKIP TO SEC IV) | | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to Page 23. M I D 0 9 8 0 1 1 9 9 2 | C. System type shipped to Page 23. LM 0 7 9 | D. Off-site availability code Page 23. 1 | E. Total quantity shipped in 1993 Page 23. 7 2 0 0 . 0 |
| Site 2 | B. EPA ID No. of facility waste was shipped to Page 23. _____ | C. System type shipped to Page 23. LM | D. Off-site availability code Page 23. _____ | E. Total quantity shipped in 1993 Page 23. _____ |

| | | | | | |
|---|---|---|---|--|--|
| Sec. IV A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) | | | | | |
| B. Activity Page 24. LW LW LW LW | C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No | D. Quantity recycled in 1993 due to new activities Page 25. _____ | E. Activity/production index Page 25. _____ | F. 1993 source reduction quantity Page 26. _____ | |

Comments:

BEI USE ONLY
 IADO73489288
 ALLIEDSIGNAL LAMINATE SYSTEMS
 SITE JESSE TRENT
 PO BOX 370
 EPI
 POSTVILLE, IA 521620370



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 PROTECTION AGENCY

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FORM
 GM

WASTE GENERATION
 AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 18 of the 1993 Hazardous Waste Report booklet before completing this form.

| | | | | | | |
|--|---|--|---|----------------------------------|---|--|
| Sec. I | | A. Waste description - Instruction page 18. Ignitable liquid, mixture contains rags, acetone, toluene from treater clean up. | | | | |
| B. EPA hazardous waste code Page 19. D 0 0 1 F 0 0 5 N A N A N A | | | C. State hazardous waste code Page 19. _____ | | | |
| D. SIC code Page 19. 3 0 8 3 | E. Origin code Page 19 System Type L M | F. Source code Page 20. A 0 9 | G. Point of measurement Page 20. L | H. Form code Page 20. B 2 0 3 | I. RCRA - radioactive mixed Page 20. 2 | |

| | | | | | |
|--|--|--|--|---|--|
| Sec. II | | A. Quantity generated in 1992 Instruction Page 21. _____ 1 5 1 0 . 0 0 | | B. Quantity generated in 1993 Page 21. _____ 1 6 1 0 0 . 0 0 | |
| ON-SITE PROCESS SYSTEM 1 | | ON-SITE PROCESS SYSTEM 2 | | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) | |
| On-site process system type Page 22. L M | | Quantity treated, disposed, or recycled on site in 1993 _____ | | On-site process system type Page 22. L M | |
| | | Quantity treated, disposed, or recycled on site in 1993 _____ | | | |

| | | | | | |
|----------|---|---|--|--|--|
| Sec. III | | A. Was any of this waste shipped off-site in 1993 Instruction page 23. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV) | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to Page 23. I L D 9 8 1 0 1 6 1 3 9 1 1 3 | C. System type shipped to Page 23. L M 1 0 6 1 | D. Off-site availability code Page 23. 1 | E. Total quantity shipped in 1993 Page 23. _____ 6 0 0 . 0 0 | |
| Site 2 | B. EPA ID No. of facility waste was shipped to Page 23. _____ | C. System type shipped to Page 23. L M | D. Off-site availability code Page 23. 1 | E. Total quantity shipped in 1993 Page 23. _____ | |

| | | | | | |
|--|--|---|--|---|--|
| Sec. IV | | A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) Instruction page 24. | | | |
| B. Activity Page 24. L W L W L W L W | C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No | D. Quantity recycled in 1993 due to new activities Page 25. _____ | E. Activity/production index Page 25. _____ | F. 1993 source reduction quantity Page 28. _____ | |

Comments:

BEI USE COMPANY IAD073489288
 ALLIEDSIGNAL LAMINATE SYSTEMS
 SITE JESSE TRENT
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U.S. ENVIRONMENTAL
 PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
 GM

WASTE GENERATION
 AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

| | | | | | | |
|--|------------------------|--|----------------------------------|-----------------------|--------------------------------------|--|
| Sec. I | | A. Waste description - Instruction page 18. Ignitable solvent mixture from process cleanup and distillation process. Contains Acetone/toluene. | | | | |
| B. EPA hazardous waste code Page 19. | | C. State hazardous waste code Page 19. | | | | |
| F 0 0 3 F 0 0 5 D 0 0 1 D 0 0 7 D 0 0 8 | | | | | | |
| D. SIC code Page 19. | E. Origin code Page 19 | F. Source code Page 20. | G. Point of measurement Page 20. | H. Form code Page 20. | I. RCRA - radioactive mixed Page 20. | |
| 3 0 8 3 | System Type LM 0 2 1 | A 7 3 | 1 | B 2 0 3 | 2 | |

| | | | | | | | | | | | |
|--------------------------------------|--|---|--|--|--|---|--|---------|--|---|--|
| Sec. II | | A. Quantity generated in 1992 Instruction Page 21. | | B. Quantity generated in 1993 Page 21. | | C. UOM Page 21. | | Density | | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. | |
| | | 1 5 1 8 0 0 . 0 | | 8 8 1 0 1 0 . 0 | | 1 | | | | <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) | |
| ON-SITE PROCESS SYSTEM 1 | | ON-SITE PROCESS SYSTEM 2 | | | | | | | | | |
| On-site process system type Page 22. | | Quantity treated, disposed, or recycled on site in 1993 | | On-site process system type Page 22. | | Quantity treated, disposed, or recycled on site in 1993 | | | | | |
| LM | | | | LM | | | | | | | |

| | | | | | |
|----------|---|--|--|---|--|
| Sec. III | | A. Was any of this waste shipped off-site in 1993 Instruction page 23. | | <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV) | |
| Site 1 | B. EPA ID No. of facility waste was shipped to Page 23. | C. System type shipped to Page 23. | D. Off-site availability code Page 23. | E. Total quantity shipped in 1993 Page 23. | |
| | ILD 9 8 0 6 1 3 9 1 3 | LM 0 6 1 | 1 | 1 8 1 0 0 1 0 . 0 | |
| Site 2 | B. EPA ID No. of facility waste was shipped to Page 23. | C. System type shipped to Page 23. | D. Off-site availability code Page 23. | E. Total quantity shipped in 1993 Page 23. | |
| | | LM | | | |

| | | | | | |
|----------------------|---|---|---------------------------------------|--|--|
| Sec. IV | | A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) | | | |
| B. Activity Page 24. | C. Other effects Page 24. | D. Quantity recycled in 1993 due to new activities Page 25. | E. Activity/production index Page 25. | F. 1993 source reduction quantity Page 28. | |
| W W W W | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No | | | | |

Comments:

D035

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

IADO73489288

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

SITE NAME: ALLIED SIGNAL LAMINATE SYSTEMS

JESSE TRENT

PO BOX 370

EPA ID NO:

POSTVILLE, IA 521620370

FORM
PSWASTE TREATMENT,
DISPOSAL, OR RECYCLING
PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste treatment, disposal, or recycling system description

Instruction Page 39. Solvent Recovery through Distillation Process

B. System type
Page 38.

LM 0 2 1

C. Regulatory status
Page 39.

0 8

D. Operational status
Page 39.

0 1

E. Unit types
Page 39.

0 1

Sec. II

A. 1993 influent quantity
Instruction page 40.

Total 8877.0 UOM 5 Density 6.8

RCRA 8877.0 ☒ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity
Page 41.

Total 16555.0

RCRA 16555.0

C. 1993 liquid effluent quantity
Instruction page 42.

Total 0.0 UOM 1 Density 1

RCRA 0.0 ☐ 1 lbs/gal ☐ 2 sg

D. 1993 solid/sludge residual quantity
Page 42.

Total 0.0 UOM 1 Density 1

RCRA 0.0 ☐ 1 lbs/gal ☐ 2 sg

E. Limitation on maximum operational capacity
Page 43.1. 0 9 2. 1 3. 1F. Commercial capacity availability code
Page 43.1G. Percent capacity commercially available
Page 43.0 %

Comments:

IADO73489283

ALLIEDSIGNAL LAMINATE SYSTEMS
JESSE TRENT
PO BOX 370

POSTVILLE, IA 521620370



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
01

OFF-SITE
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

| | | |
|---|--|--|
| Site 1 | A. EPA ID No. of off-site installation or transporter MI ID 098011 992 | B. Name of off-site installation or transporter Cyanoken Ind. |
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR | D. Address of generator Street 12381 Schafer Highway City Detroit State MI Zip 481227-1111 | |
| Site 2 | A. EPA ID No. of off-site installation or transporter WI ID 080 896 641 | B. Name of off-site installation or transporter Safety-Kleen Corp. |
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR | D. Address of generator Street 2109 1/2 Ward Ave. City LaCrosse State WI Zip 54601-1111 | |
| Site 3 | A. EPA ID No. of off-site installation or transporter IL ID 980 613 913 | B. Name of off-site installation or transporter Safety-Kleen Enviro Systems |
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR | D. Address of generator Street 633 E. 138th St. City Dolton State IL Zip 60419-1111 | |
| Site 4 | A. EPA ID No. of off-site installation or transporter OH ID 009 865 825 | B. Name of off-site installation or transporter Dart Trucking Company |
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR | D. Address of generator Street 61 Railroad St. City Canfield State OH Zip 444406-1111 | |
| Site 5 | A. EPA ID No. of off-site installation or transporter WI ID 980 904 742 | B. Name of off-site installation or transporter Schneider Tank Lines Inc. |
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR | D. Address of generator Street 3101 S. Packerland Dr. City Green Bay State WI Zip 543104-1111 | |

Comments:

IADO73489288

ALLIEDSIGNAL LAMINATE SYSTEMS
JESSE TRENT
PO BOX 370

POSTVILLE, IA 521620370

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
01OFF-SITE
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

| | | |
|---|---|---|
| Site 1 | A. EPA ID No. of off-site installation or transporter W, I, D, 9, 8, 8, 5, 6, 6, 2, 4, 6 | B. Name of off-site installation or transporter Alliance Transportation Services, Inc. |
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR | D. Address of generator Street 140 South Park St. City Port Washington State WI Zip 53107-1411 | |
| Site 2 | A. EPA ID No. of off-site installation or transporter | B. Name of off-site installation or transporter |
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR | D. Address of generator Street City State Zip | |
| Site 3 | A. EPA ID No. of off-site installation or transporter | B. Name of off-site installation or transporter |
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR | D. Address of generator Street City State Zip | |
| Site 4 | A. EPA ID No. of off-site installation or transporter | B. Name of off-site installation or transporter |
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR | D. Address of generator Street City State Zip | |
| Site 5 | A. EPA ID No. of off-site installation or transporter | B. Name of off-site installation or transporter |
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR | D. Address of generator Street City State Zip | |

Comments:

February 15, 1994

To: Elizabeth Koesterer
USEPA
726 Minnesota Avenue
Kansas City, KS 66101

From: Jesse Trent
Environmental, Health and Safety Specialist

RE: SARA 313 Biennial Hazardous Waste Reports

Enclosed please find AlliedSignal Laminate System Biennial Hazardous Waste Reports for the Postville, Iowa facility.

Thank you,



Jesse Trent
AlliedSignal
P.O. Box 977
665 Lybrand St.
Postville, IA 52162